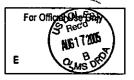
U S Department of Labor Office of Labor-Management Standards Washington DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is maindatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 103&C	2 Fiscal Year Covered From
	//
3 Name and address of person filing	4 Name file number and address of labor organization
Name Haskell N Douglas .	Name Plumbers + Steamfitter's Local
	Labor Organization File Number D036/8
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 318 Bellewood Dr	Street 5888 AIT LINE HUY
City Baton Rouge	CAN Baton Rouge
State 1 A × ZIP Code +4 70806	State
5 Position in labor organization	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name if any)	derived income or other economic benefit of on represents or is actively seeking to represent 7 a Nature of Interest, Transaction or Income
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent
monetary value from an employer v/hose employees your organization of the Name and address of Employer (including trade name of any) Name (1)	7 a Nature of Interest, Transaction or Income
monetary value from an employer whose employees your organization of the Name and address of Employer (including trade name if any) Name Trade Name if any	7 a Nature of Interest, Transaction or Income
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any	7 a Nature of Interest, Transaction or Income
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street	7 a Nature of Interest, Transaction or Income 7 b Amount.
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount.
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 Sign 15 Signature and verification The undersigned declares under penalty of	7 a Nature of Interest, Transaction or Income 7 b Amount. 7 b Amount. Penjury and other applicable penalties of the law that all of the information ing documents) has been examined by the signatory and is to the best of the

Name of Person Filling Maskell N Dougla	3 5 File Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any) Name Decimal	9 Business deals with a Labor Organization b Trust c Employer Suit 40 0
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any	11 a Nature of such dealing Rixner after Board of Irustic's meeting
Street 1	11 b Approximate dollar value of such dealing
City City	12 a Nature of interest held or income received
State ZIP Code + 4	12 a Nature of interest held or income received
	12 b Amount er parts A and B above) or other thing of value
State ZIP Code + 4	12 b Amount er parts A and B above)
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name	12 b Amount ar parts A and B above) or other thing of value 14 a Nature of payment.
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street	12 b Amount ar parts A and B above) or other thing of value 14 a Nature of payment.